Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

3300

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 8-1/2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): (226 Harrison St) ~~707 Virginia Ave.~~

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Howard	R.	Barnhart		April	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	Married	July 27-1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
refinish furniture for	Bernstien F.Co	Hancock, Md.	U.S.A.

13. FATHER'S NAME: James N. Barnhart
14. MOTHER'S MAIDEN NAME: Emmaline Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		220-10-4006	707 Va. Ave. Ethel Shirley Barnhart (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial hemorrhage due to a self	9.1/2 hrs
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) inflicted 22 caliber rifle bullet in right	
	(c) temporal region.	

976X
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	home	Cumberland	Allegany	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
April.6-51-P.m. 3.30		Shot himself in the head with a 22 caliber rifle.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.	Cumberland, Md.	April 7-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 10, 1951	Mt. Olivet Cemetery	near Hancock	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 10, 1951	Walter R. Lantz, M.D.	John J. Hoffer, Cumberland, Md.	

640309

Within corporate limits Brashears

(M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3301

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (In this place) 69 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 Arch St.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Alleg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 113 Arch St.

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) M (Last) Brashears
4. DATE OF DEATH: (Month) 4/22/51 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	4/16/1882	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (State or foreign country): Cumberland, Md.
12. CITIZEN OF WHAT COUNTRY? U

13. FATHER'S NAME: Forest M. Brashears
14. MOTHER'S MAIDEN NAME: Emma C. Imes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-05-5743
17. INFORMANT AND ADDRESS: Mrs Mary L. Brashears same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Right Cerebral Haemorrhage	4 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	4 yrs
	(c)	

4/22/51 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Apr. 22, 1951, that I last saw the deceased alive on Apr. 22, 1951, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clyde Jones	M. D.	Cumberland	4/23/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/25/51	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25, 1951	Wister L. Frank, M.D.	James F. Scarpelli	Cumberland, Md.

763816

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3302

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emily Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) Emily Street

3. NAME OF DECEASED (Type or Print): (First) Nina (Middle) (Last) Burns

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 2, 1885

9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Eichhorn

14. MOTHER'S MAIDEN NAME: Jennie Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs R.E. McMillian — Cumberland-Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Secondary Carcinoma Liver	3 mos
170X Antecedent cause(s)		
50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Carcinoma Mammary Gland R.	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/2/48, 19..., to 4/23..., 1951, that I last saw the deceased alive on 4/23/51, 19..., and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.M. Matthews M.D. | ADDRESS 140 Bedford St | DATE SIGNED 4/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 26, 1951 | NAME OF CEMETERY OR CREMATORY: St Patricks Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 25, 1951 | REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D. | 24. FUNERAL DIRECTOR: M. Eichhorn | ADDRESS: Lonaconing, Md.

VS. A15

Within corporate limits DR. WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3303

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PARSCHAL	Nathaniel	CASTEEL	APRIL	11,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	SINGLE	MAY 15, 1865	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Corn Farm
11. BIRTHPLACE (State or foreign country) MARYLAND, Boyes
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME THOMAS CASTEEL
14. MOTHER'S MAIDEN NAME MARGARET FRIEND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL -CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction (Terminal Illness)	
570.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gall Stone (large) terminal Illness	
126	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10 am 5-1	Intestinal Abst. Complete terminal Illness due to gall Stone	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 am, 19 51 to 11 am, 19 51, that I last saw the deceased alive on 11 am, 1951, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Fuller B. Whitworth	MD	Cumb. Md	11 Apr 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 13, 1951	Casteel Family Cem	Near Oakland,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 12, 1951	Wendell K. Hardy, M.D.	Emroy Bolden	Oakland md

100 105

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

M

3304

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 32 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 534 Fairview Ave.

3. NAME OF DECEASED (Type or Print): (First) Wm. (Middle) Jefferson (Last) Crowe

4. DATE OF DEATH: (Month) Apr (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 1, 1865

9. AGE last birthday: 85 yrs.

If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Retired Carmen Helper

10b. KIND OF BUSINESS OR INDUSTRY: B & O. Railroad

11. BIRTHPLACE (State or foreign country): Barton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Crowe

14. MOTHER'S MAIDEN NAME: Sarah Mc Intyre.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Heyl Walker - 534 Fairview Ave Cumb

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tracheo bronchitis.

422.2 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1951, to 4/21, 1951, that I last saw the deceased alive on 4/21, 1951, and that death occurred at ... a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John K Rozmus M D Cumberland Md 4/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr 23, 1951 | NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery | LOCATION (City, town, or county) (State): Cumberland Md.

DATE REC'D BY LOCAL REG.: April 23, 1951 | REGISTRAR'S SIGNATURE: Wynter K. Hantz, M.D. | 24. FUNERAL DIRECTOR: John J. Hafer | ADDRESS: Cumberland Md

681506

Within corporate limits

Change of middle name. Information taken from the informant. 4/18/51 jt.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Balto Co

3305

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4629 Wilkins Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Patrick	LEGORIA Lafourie	Cullen	4	7	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5-18-1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Printing (Civil Service)	Goverment	Frostburg, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Timothy A. Cullen	Bridget Donahue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes W.War 1	None	Mrs. Patrick L. Cullen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Myocarditis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Nephritis	3 mos
(c)		

592 x
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 1, 1951, to Apr. 7, 1951, that I last saw the deceased alive on Apr. 7, 1951, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clyde L. Smith	M.D.	Cumberland	4/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-10-51	St. Michael's Cemetery	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 10, 1951	Wm. L. Hantz, M.D.	Jacob Hafer	23 E. Main, Frostburg, Md.

512916

Within corporate limits DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3306

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 32 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE PENNSYLVANIA COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MERCERSBURG
STREET ADDRESS (If rural, give location) R.F.D. # 4

3. NAME OF DECEASED (Type or Print) (First) F (Middle) WILLIAM (Last) CUTCHALL

4. DATE OF DEATH (Month) APRIL (Day) 13 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 5/10/1875

9. AGE last birthday 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY MERCERSBURG ACADEMY

11. BIRTHPLACE (State or foreign country) PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM D. CUTCHALL

14. MOTHER'S MAIDEN NAME LUCINDA TISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia Embolus	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c) Chronic Prostatitis C.A. Cystitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Supra-pubic Prostatectomy

19a. DATE OF OPERATION 3 weeks ago. 19b. MAJOR FINDINGS OF OPERATION Benign hypertrophy of prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-16-, 1951, to 4-13, 1951, that I last saw the deceased alive on 4-13-, 1951, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) (ADDRESS) DATE SIGNED

K. L. Tolson Jr. Per W.F. Winans MD Cumberland 4-14-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 16-51 | NAME OF CEMETERY OR CREMATORY Fairview Cem. | LOCATION (City, town, or county) Mercersburg (State) Penna.

DATE REC'D BY LOCAL REG. April 14, 1951 | REGISTRAR'S SIGNATURE Wrater R. Dantz, M.D. | 24. FUNERAL DIRECTOR Louis Stein Inc. | ADDRESS 523 888 Cumberland, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3307

CERTIFICATE OF DEATH

Reg. Dist. No. 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland
MARYLAND
LENGTH OF STAY (In this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Railrood st

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland, Md
STREET ADDRESS (If rural, give location) Railrood. St

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Alfred	a.	Davis		April.	12th	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	Oct. 11, 1898	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Merchant	Groceries	Midland, Md	U. S. a.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Davis	Agnes Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no.	—	None	Gerald Davis - Midland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 weeks
443x Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b) ~~Arteriosclerosis~~ Hypertensive Cardiovascular Disease	Years
	(c) Recurrent attacks cerebral Hemorrhage	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan, 1950, to 12 April, 1951, that I last saw the deceased alive on 12 April, 1951, and that death occurred at 8 00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John B. Davis	M.D.	2 Broadway, Frostburg, Md.	4/13/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	April 14, 51	Memorial Parks	Frostburg, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-14-51	Jeannette M Boal	M. Eichhorn, Lonaconing, Md	

290636

Within corporate limits: DURRETT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3308

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
LENGTH OF STAY (in this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OLDTOWN, MD.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LILLIAN (Middle) OLIVE (Last) DEFFINBAUGH

4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV. 6 1894

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE Own Home

10b. KIND OF BUSINESS OR INDUSTRY: HOUSE WIFE

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: KIFER, GEORGE

14. MOTHER'S MAIDEN NAME: [redacted] MARGARET DILL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uraemia	2 wks.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Left Cerebral Haemorrhage	2 mos
	(c) with Right Hemiplegia	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1950, to Apr. 9, 1951, that I last saw the deceased alive on Apr. 9, 1951, and that death occurred at 12:05 A.M.; from the causes and on the date stated above.

SIGNATURE: [illegible] Durrett M.D. (Degree or title) ADDRESS: Cumberland DATE SIGNED: 4/10/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: April 11, 1951 | NAME OF CEMETERY OR CREMATORY: Deffinbaugh Cemetery | LOCATION (City, town, or county) (State): Old Town Md.

DATE REC'D BY LOCAL REG.: April 10, 1951 | REGISTRAR'S SIGNATURE: Winter K. Wantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Louis Stein & Co. Cumberland, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3389

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lonaconing; STATE MARYLAND; LENGTH OF STAY (In this place) 57; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY OR TOWN Lonaconing; STREET ADDRESS (If rural, give location) Douglas Avenue

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) Lee (Last) Dohm

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 2, 1893

9. AGE: Last birthday 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E. Dohm

14. MOTHER'S MAIDEN NAME: Racheal Duckworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mabel Fay Dohm Lonaconing, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Hypertensive Cardio 420.1 131a (c) Vascular renal disease & Congestive

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. heart failure.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 49, to 4/7, 19 51, that I last saw the deceased alive on 4/5, 19 51, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Eugene Frye, M.D. ADDRESS Lonaconing Md. DATE SIGNED 4/10/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE April 12, 1951 | NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery | LOCATION (City, town, or county) Lonaconing, (State) Md.

DATE REC'D BY LOCAL REG. 4-12-51 | REGISTRAR'S SIGNATURE Jannette M Boal

24. FUNERAL DIRECTOR M. Eichhorn ADDRESS Lonaconing, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits

DR FAW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3310

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ~~ALLEGANY~~ ALLEGANY; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MARYLAND
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 507 CUMBERLAND ST.,

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) (Last) DUNCANSON

4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JULY 31, 1886

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auditor

10b. KIND OF BUSINESS OR INDUSTRY: Kelly Tire Co.

11. BIRTHPLACE (State or foreign country): SCOTLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: FRANCIS DUNCANSON

14. MOTHER'S MAIDEN NAME: CHRISTINE SPOWART

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Canadian Army-W.W.I

16. SOCIAL SECURITY NO. 214-07-0815

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cachexia - abdominal carcinomatosis	3 mos.
151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b	(b) Carcinoma of stomach - primary	1 yr 4 mos.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐, Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1951, to April 4, 1951, that I last saw the deceased alive on April 4, 1951, and that death occurred at 11:50 A m., from the causes and on the date stated above.

SIGNATURE: Wyker Faw Jr (Degree or title) MD ADDRESS: Cumberland Md DATE SIGNED: April 4 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 4-6-1951 NAME OF CEMETERY OR CREMATORY: HillCrest Cem. LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 6, 1951 REGISTRAR'S SIGNATURE: Winter K. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

000478

Within corporate limits

Dr. Zimmerman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3311 4

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 Fayette St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 521 Fayette St.

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Charles (Last) Durant

4. DATE OF DEATH: (Month) Apr, (Day) 29, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-17-1907

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beer Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Meat Packer

11. BIRTHPLACE (State or foreign country): Zanesville, Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles E. Durant

14. MOTHER'S MAIDEN NAME: Jessie M. Platt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-6822

17. INFORMANT AND ADDRESS: Mrs. Etta E. Durant Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis — Interval Between Onset and Death: Dec. 1949

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
154X 46d
(b) Carcinoma Rectum, Prostate and Bladder
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 1949 | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rectum, Prostate & Bladder | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-49, to 4-29-51, that I last saw the deceased alive on 4-25, 1951, and that death occurred at 9:15 m., from the causes and on the date stated above.

SIGNATURE C. R. Zimmerman (Degree or title) ADDRESS Cumberland, Md. DATE SIGNED 4.30.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-1-1951 | NAME OF CEMETERY OR CREMATORY: S.S. Peter & Paul Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 30, 1951 | REGISTRAR'S SIGNATURE: Walter K. Kantz, M. D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

49609

Within corporate limits

DR. SCHINDLER

3312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
LENGTH OF STAY (in this place): 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RIDGELEY
STREET ADDRESS (If rural, give location): 90 KNOBLEY STREET

3. NAME OF DECEASED (Type or Print): (First) Glenda (Middle) [illegible] Sue [illegible] (Last) Elkins

4. DATE OF DEATH: (Month) APRIL (Day) 19, (Year) 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APRIL 2, 1951

9. AGE last birthday: yrs. If under 1 year: Months / Days 18 / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): CUMBERLAND, MD.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GLENN ELKINS

14. MOTHER'S MAIDEN NAME: WANDA LEE DECKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurely — Interval between onset and death: 17 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c)

776X
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1951, to April 19, 1951, that I last saw the deceased alive on April 18, 1951, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE: B. M. Schindler M.D. (Degree or title) ADDRESS: 41 Greene St. Cumberland, Md. DATE SIGNED: 4/19/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-20-1951 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 20, 1951 | REGISTRAR'S SIGNATURE: Walter K. Kantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

2-0-4-02-1-2-2-1-26V

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3313

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland, Md.
STREET ADDRESS (If rural, give location): 135 Elder St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ida	M.	Fahey	4/23/51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	W.	Married	6/25/1880	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Town Creek, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Olive Beltz	Sara Irons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Thomas W. Fahey same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
443X 932 (b) Hypertensive C-V. Disease — unknown
(c) Arteriosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 7 52, to Apr 23 51, that I last saw the deceased alive on 4/23/51, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Rees	M.D.	40 N. Centre St. Cumberland, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/26/51	SS Peters and Pauls	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 25, 1951	Lorita K. Lantz, M.D.	James F. Scarpelli	Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

3314

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville | LENGTH OF STAY (in this place) 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corriganville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Paul	Luther	Gelwicks	April	29	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	Jan 29 1896	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Penna R.R.	Edenville, Pa.	USA

13. FATHER'S NAME: John F. Gelwicks

14. MOTHER'S MAIDEN NAME: Emma Keefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Mrs. Ruth Hergott, Corriganville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131 8	(b) Chronic Glomerulo-nephritis	20 yrs.
	(c) Hypertensive Heart disease	20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None m.		

22. I hereby certify that I attended the deceased from March 31, 1950, to April 29, 1951, that I last saw the deceased alive on April 29, 1951, and that death occurred at 8.15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Hallenan MD		700 Decatur St. Cumberland Md	4-30-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 2 1951	St. Thomas Cemetery	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 1, 1951	J. Lloyd Walpole	William H. Kight, Cumberland, Md.

390506

3315

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin — LENGTH OF STAY (in this place) 71 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin - Rural
STREET ADDRESS (If rural, give location) 1 Mi North Westernport

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	EDWARD	GENTRY	APRIL	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	4/4/79	71 yrs.		4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MINER.	Coal mine	Franklin md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY GENTRY	AMANDA CARVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS
NO	232-01-1214	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 422.1	(b) Chronic myocarditis	14 yrs
732	(c) arterio sclerosis	24 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pulmonary Emphysema	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 1, 1951, to April 6, 1951, that I last saw the deceased alive on 4/5, 1951, and that death occurred at 7:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J Norman Reese	Westernport Md	4/7/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/8/51	Pilot Cem	Westernport Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 8, 1951	Mrs Jon C. Kelly	Ellsworth S. Boal	

650216

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3316

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rawling; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rawling; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Clarence	Trogg	April	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	? 1897	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired		West Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simeon Trogg	Sally Trogg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	212-18-1582	Mrs Walter Trogg Rawling Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	congestive heart failure	2 years
416x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 956 (b)	rheumatic heart	30 years
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. fracture of both lower legs — 4-12-49

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	street	Rawlings	Allegany	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
4	12	49	2 p.m.			hit by automobile

22. I hereby certify that I attended the deceased from 4-12-, 1949, to 4-25-, 1949, that I last saw the deceased alive on 3-28-, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	MD	5 Queen St Cumberland	4-5-51

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 6, 1951	Bierstown Cemetery	Rawling	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 6, 1951	[signature]	Louis Stein Inc.	Cumberland Md

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Kight Funeral Home 4-51

DR. W. F. WILLIAMS

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

3317

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A16 1

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 600 WASHINGTON STREET

3. NAME OF DECEASED (Type or Print): CHARLES (First) L. (Middle) GROSS (Last)

4. DATE OF DEATH: APRIL (Month) 21. (Day) 1951 (Year)

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: NOV. 17/71

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED-Office Clerk.

10b. KIND OF BUSINESS OR INDUSTRY: Cumb. Terra. R.R. Co.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRED GROSS

14. MOTHER'S MAIDEN NAME: ELIZA HARTMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL- CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	Many
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	3 days.
	(c) Diabetes Mellitus	

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced Cerebral Arteriosclerosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1950, to 4-21, 1951, that I last saw the deceased alive on 4-20, 1951, and that death occurred at 3:00 Am., from the causes and on the date stated above.

SIGNATURE: W. F. Williams (Degree or title) M.D. ADDRESS: Cumberland DATE SIGNED: 4-21-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 24/51 — NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 23, 1951 — REGISTRAR'S SIGNATURE: Walter R. Mertz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

390506

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3318

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS 435 (If rural, give location) N. Centre St.

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Minerva (Last) Harden

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 4, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): [redacted] Haven, Penna. USA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Perry E. Welsh

14. MOTHER'S MAIDEN NAME: Hannah Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Allegany County Infirmary

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	2 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	4 Yrs
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1950, to Apr. 27, 1951, that I last saw the deceased alive on Apr. 27, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M. D.	110 N. Centre St.	Apr. 30, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 30, 1951	Eckhart Cemetery	Eckhart Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30, 1951	Wirter L. Hantz, M.D.	John J. Hafer	Cumberland, Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3319

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg | LENGTH OF STAY (in this place) Life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Howard St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS (If rural, give location) 104 Howard St.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Katherine (Last) Hartman

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 11-21-1856 | 9. AGE last birthday: 94 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frostburg, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Delbert Kasmuth
14. MOTHER'S MAIDEN NAME: Christina H. Filp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Lillie Hamuth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis. — 4 years

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio-sclerosis. —

93d (c) Senility. —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1947, to 4-18, 1951, that I last saw the deceased alive on 4-18, 1951, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

H. C. Diehl, M.D. | Frostburg, Md. | 4-20-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-20-1951 | NAME OF CEMETERY OR CREMATORY: Frostburg Mem. Park | LOCATION (City, town, or county): Frostburg | (State): Md.

DATE REC'D BY LOCAL REG. 4-20-51 | REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe | 24. FUNERAL DIRECTOR: Jacob Hafer | ADDRESS: Frostburg, Md.

Within corporate limits

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3320

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural, give location) 515 Henderson Blvd.

3. NAME OF DECEASED (Type or Print) (First) Sophia (Middle) E (Last) Hartsock

4. DATE OF DEATH (Month) April (Day) 12 (Year) 1951

5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed — 8. DATE OF BIRTH Nov 15 1878 — 9. AGE last birthday 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife — 10b. KIND OF BUSINESS OR INDUSTRY Own Home — 11. BIRTHPLACE (State or foreign country) Cumberland Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Betzold — 14. MOTHER'S MAIDEN NAME Mary Fries

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None — 17. INFORMANT AND ADDRESS R.H. Hartsock 515 Henderson ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia Broncho	24 hrs
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene - Rt Leg.	21 days
	(c) Embolus Rt Leg.	21 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death	Hypertensive Heart Disease, Senility	[illegible]

443X
932

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 13, 1951 to Apr 11, 1951, that I last saw the deceased alive on Apr 11, 1951 and that death occurred at 12:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Albert F. Rees M.D. — ADDRESS 404 Decatur Street — DATE SIGNED 4/13/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Apr. 14 51 — NAME OF CEMETERY OR CREMATORY St Lukes Cem. — LOCATION (City, town or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REG. April 14, 1951 — REGISTRAR'S SIGNATURE Walter R. Lantz, M.D. — 24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS "

William corporate limits
Dr. Arthur Jones

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3321

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland Rural
STREET ADDRESS (If rural, give location) Route 3, Bedford Road.

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) Jane (Last) Hedrick
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Married	May 20, 1879	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Pendleton Co., W. Va	USA

13. FATHER'S NAME: Elijah Nelson
14. MOTHER'S MAIDEN NAME: Elizabeth Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Mrs. Ethel Mallow, Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	4 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	1 yr
	(c) Virus pneumonia	4 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 17, 1951, to Apr. 7, 1951, that I last saw the deceased alive on Apr. 6, 1951, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M.D.	110 S. Centre St.	Apr. 9, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 9, 1951	Zion Memorial Park	Cumberland,	Md.

DATE REC'D BY LOCAL REG:	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 9, 1951	Wade K. Hanby, M.D.	John J. Hoffer, Cumberland, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3322

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN to Frostburg; MARYLAND; LENGTH OF STAY (in this place) In auto, in route; HOSPITAL OR INSTITUTION OR STREET ADDRESS D.O.A. at the Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W.Va.; COUNTY Mineral; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser; STREET ADDRESS (If rural, give location) 36 E.St.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Forrest (Last) High

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: June 1-1916

9. AGE last birthday: 34 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of the Spots Poolroom

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Purgitsville, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Fredrick High

14. MOTHER'S MAIDEN NAME: Florene Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.2

16. SOCIAL SECURITY NO. 217-10-0219

17. INFORMANT AND ADDRESS: wife) Helen Bundries High

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion due to	about
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	20 min.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains deserибed above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H. V. Deming M.D.		Cumberland, Md.	April 29-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-2-51	High Family Cemetery	Hampshire Co., W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-2-51	Mrs. Nancy N. Roe	Rogers Funeral Home	Keyser, W.Va

290858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3323

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg — LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS 39 Park Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Leslie (Last) Hockman
4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1951

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Jan. 9 - 1882 — 9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Cutter — 10b. KIND OF BUSINESS OR INDUSTRY: Shoe Factory — 11. BIRTHPLACE (State or foreign country): Waynesboro Pa — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Hockman — 14. MOTHER'S MAIDEN NAME: Anna Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT AND ADDRESS: Mrs. J. L. Hockman, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 1 week

241 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma, Myocarditis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1951, to 4/6, 1951, that I last saw the deceased alive on 4/6, 1951, and that death occurred at 1:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. E. Lattey M.D. Frostburg Md 4/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-8-1951 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG. 4-8-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy H. Rose — 24. FUNERAL DIRECTOR — ADDRESS: Jacob Hafer, Frostburg, Md.

591246

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

3324

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 213 Wallace St.

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) Stephen (Last) Jones

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 16, 1902

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Housecleaning

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Allen Jones

14. MOTHER'S MAIDEN NAME: Mattie Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-16-5713

17. INFORMANT AND ADDRESS: Updyke Jones, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	6 wks
	(c)	

422.2
93a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

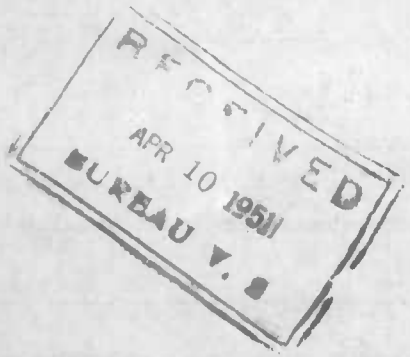
22. I hereby certify that I attended the deceased from Mar 27, 1951, to Apr. 2, 1951, that I last saw the deceased alive on Mar. 31, 1951, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE: Arthur L. Jones (Degree or title) M. D. — ADDRESS 110 S. Centre St. — DATE SIGNED Apr. 4, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 5 1951 | NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park | LOCATION (City, town, or county) (State): Frostburg Md

DATE REC'D BY LOCAL REG.: April 4, 1951 | REGISTRAR'S SIGNATURE: Winter L. Canty, M.D. | 24. FUNERAL DIRECTOR: John J. Hosey, Cumberland | ADDRESS: Md.

72026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Within corporate limits

DR. JACOBSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3325

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 21 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA; COUNTY MINERAL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELK GARDEN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) (Last) JONES
4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JULY 28 1880
9. AGE last birthday: 70 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: farms
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN JONES
14. MOTHER'S MAIDEN NAME: ELLEN BARGER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebrovascular Accident (Embolism)	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	? ?
331X 83a	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/12, 1951, to 4/2/51, 1951, that I last saw the deceased alive on 4/2, 1951, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Samuel Jacobson MD 50 Pershing St Cumberland 4/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 4 1951 | NAME OF CEMETERY OR CREMATORY: Lahmansville Cemetery | LOCATION (City, town, or county) (State): Lahmansville, West Virginia

DATE REC'D BY LOCAL REG.: April 3, 1951 | REGISTRAR'S SIGNATURE: Wirter R. Lantz, M.D. | 24. FUNERAL DIRECTOR: Thrush's | ADDRESS: Romney - W. Va.

A C Ruckman

8201 05

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3326 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY Bedford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyndman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Myrtle (Last) Kerr

4. DATE OF DEATH: (Month) (Day) (Year) 4.30.1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	7.6.1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Schellsburg, Pa.	U.S.A.

13. FATHER'S NAME Benjamin Tucker

14. MOTHER'S MAIDEN NAME Susan Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Ross Kerr, Hyndman, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arterial Thrombosis Right Leg.	3days.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 1312	(b) Generalized Arterio-Sclerotic Cardio-Vascular Renal Disease.	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Jan, 1942, to 4.30, 1951, that I last saw the deceased alive on 4.30.51, 19..., and that death occurred at 5.50 A m., from the causes and on the date stated above.

SIGNATURE John C Topper (Degree or title) ADDRESS Hyndman Pa DATE SIGNED 4/30/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 2, 1951	Schellsburg Cemetery	Schellsburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1, 1951	Walter K. Kantz, M.D.	Harvey H. Zeigler, Hyndman, Pa.	

Within corporate limits DR. ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3327

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
LENGTH OF STAY (in this place): 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FROSTBURG
STREET ADDRESS (If rural, give location): RT.#1. BOX 134

3. NAME OF DECEASED (Type or Print): (First) MARSHALL (Middle) S. (Last) KLOSTERMAN

4. DATE OF DEATH: (Month) APRIL (Day) 25 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: JAN. 24 1919

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student-Machinist U.S. Training School.

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: JOHN S. KLOSTERMAN

14. MOTHER'S MAIDEN NAME: MARGARET LAVIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 214-07-3741

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Biliary Peritonitis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Sub Total gastrectomy resection 541.1 (c) Perforating duodenal ulcer 117b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 13-51

19b. MAJOR FINDINGS OF OPERATION: Perforating duodenal ulcer

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1951, to April 28 1951, that I last saw the deceased alive on April 28, 1951, and that death occurred at 2:55 m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Cumberland DATE SIGNED: 4/26/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 28, 1951

NAME OF CEMETERY OR CREMATORY: St. Michaels' Cem

LOCATION (City, town, or county) (State): Frostburg, Maryland

DATE REC'D BY LOCAL REG.: April 26, 1951

REGISTRAR'S SIGNATURE: Wesley R. Beatty, M.D.

24. FUNERAL DIRECTOR: J.R. Durst, Frostburg Md. ADDRESS

682536

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Kriglein

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3328

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; MARYLAND; LENGTH OF STAY (in this place) 77 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 309 Down Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) B. (Last) Kriglein

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1951

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 13 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Cumberland Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: George P. Kriglein

14. MOTHER'S MAIDEN NAME: Anna G. Britton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James McCarley 309 Down Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis — Interval Between Onset and Death: 6 mos

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis & Decompensation — 2 yrs

93d (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 8, 1951, to Apr. 13, 1951, that I last saw the deceased alive on Apr. 13, 1951, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. F. Jones M. D. Cumberland 4/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/16/51

NAME OF CEMETERY OR CREMATORY: St. Peters Parish

LOCATION (City, town, or county) (State): Cumberland Md

DATE RECD BY LOCAL REG.: April 15, 1951

REGISTRAR'S SIGNATURE: Walter L. Frantz, M.D.

24. FUNERAL DIRECTOR: James P. Scarfelli

ADDRESS: Cumberland Md

Within corporate limits DR. VANORMER

3329

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL CUMBERLAND
STREET ADDRESS (If rural, give location): ROUTE #4

3. NAME OF DECEASED (Type or Print): (First) HENDRICKS (Middle) (Last) LANTZ

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APRIL 23 1885

9. AGE last birthday: 66 Yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: B&O RAILROAD

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEONARD LANTZ

14. MOTHER'S MAIDEN NAME: MARY ALICE ROHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 705 05 5259

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bulbor Paralysis, Cause undet — Interval Between Onset and Death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Arterial Sclerosis — 1 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15 1951, to April 27 1951, that I last saw the deceased alive on April 27 1951, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

SIGNATURE: W. Alfred VanDormer (Degree or title) — ADDRESS: Cumberland, Md. — DATE SIGNED: April 30 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4/30/1951 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 30, 1951 | REGISTRAR'S SIGNATURE: Walter L. Lantz, M.D. | 24. FUNERAL DIRECTOR — ADDRESS: William H Kight Cumberland, Md.

544/506

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

3330

DR. SIMONS

Within corporate limits

Dr Van Ormer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGNAY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 26 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 428 FORRESTER AVENUE

3. NAME OF DECEASED (Type or Print): (First) BERNIE (Middle) M. (Last) LARKINS

4. DATE OF DEATH: (Month) APRIL (Day) 5, (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 18, 1899

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DENNIS WIGFIELD

14. MOTHER'S MAIDEN NAME: MATILDA SHIPLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NO

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal renal failure	3 months
447X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Hypertensive vascular disease	?
	(c) with nephrosclerosis, retinopathy & Cardiac Enlargement	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Mar., 1951, to 5 Apr., 1951, that I last saw the deceased alive on 4 Apr. 51, and that death occurred at 4:15 A.m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Van Ormer (Degree or title) — ADDRESS: Cumberland, Md. — DATE SIGNED: 5 Apr. 51

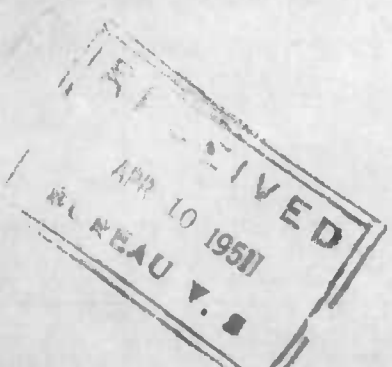
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/7/1951	Greenmount Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.: April 7, 1951 — REGISTRAR'S SIGNATURE: Wirter K. Hantz, M.D. — 24. FUNERAL DIRECTOR / ADDRESS: William H. Kight, Cumberland, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
APR 10 1951
BUREAU V.

Within corporate limits

3331

WHITWORTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. | LENGTH OF STAY (in this place) 4 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 159½ N. CENTER STREET

3. NAME OF DECEASED (Type or Print): (First) HUNTER (Middle) N. (Last) LONG
4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 1-31-1887
9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse Sub Station
10b. KIND OF BUSINESS OR INDUSTRY: C & P Tracal Co
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: NOAH LONG
14. MOTHER'S MAIDEN NAME: MARY LOGSTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 214-10-5344
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis Generalized

177X 51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Urinary Adenocarcinoma Prostate

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Jan, 1951, to 9 Apr, 1951, that I last saw the deceased alive on 9 Apr, 1951, and that death occurred at 11:37 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fuller B Whitworth 112 Bedford St Cumb. Md. 9 Apr 51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Apr 11, 51 | Rose Hill Cem | Cumberland | Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

April 11, 1951 | Walter L. Hantz, M.D. | Louis Stein, Inc " "

290556

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3332

CERTIFICATE OF DEATH

1454

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 23 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 950 Frederick Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 950 Frederick Street

3. NAME OF DECEASED (Type or Print): (First) Gene (Middle) Lindale (Last) Martin

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Sept 10 1927

9. AGE: Last birthday 23 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gaither Martin

14. MOTHER'S MAIDEN NAME: Myrtle Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Navy - W.W. II

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Gaither Martin, Cumberland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac arrest

190X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

53 (c) Night foot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/28/48

19b. MAJOR FINDINGS OF OPERATION: Tumor involving right cheek

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 19 47, to April 6, 19 51, that I last saw the deceased alive on April 6, 19 51, and that death occurred at 12 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. E. Gaither Cumberland 4/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 16, 51 — NAME OF CEMETERY OR CREMATORY: Malick Cemetery — LOCATION (City, town, or county) (State): Augusta, West Virginia

DATE REC'D BY LOCAL REG.: April 16, 1951 — REGISTRAR'S SIGNATURE: Walter K. Fantz, M.D. — 24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

Within corporate limits

DR. HODGES

3333

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 14 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD.
STREET ADDRESS (If rural, give location) 611 BALTIMORE AVE.

3. NAME OF DECEASED (Type or Print): (First) BABY BOY (Middle) MC CRAW - Twin 2 (Last)

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 29 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APRIL 29, 1951

9. AGE last birthday: yrs. If under 1 year: Months Days If under 24 hrs.: Hours 13 Min. 47

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: ROBY C. MC CRAW

14. MOTHER'S MAIDEN NAME: MILDRED SENKBEIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ATELECTASIS (SECOND OF TWINS)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

762.0
161a

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/51, 19..., to 4/29..., 19 51, that I last saw the deceased alive on 4/29..., 19 51, and that death occurred at 10:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Royce Hodges, M.D. Cumberland, Md.

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION

DATE THEREOF: 4/30/51

NAME OF CEMETERY OR CREMATORY: MEMORIAL HOSPITAL

LOCATION (City, town, or county) (State): CUMBERLAND, ALLEGANY, MD.

DATE REC'D BY LOCAL REG.: April 30, 1951

REGISTRAR'S SIGNATURE: Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: Memorial Hosp., Cumberland, Md.

2-1-42922640 3

DR. TOLSON

Within one year

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3334

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY COUNTY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND, MD.
LENGTH OF STAY (in this place): 13 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PIEDMONT
STREET ADDRESS (If rural, give location): 289 W. FAIRVIEW STREET

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) A Struckle (Last) McNEILL Jr.

4. DATE OF DEATH: (Month) APRIL (Day) 6 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: MAY 4, 1934

9. AGE last birthday: 16 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA, Piedmont

12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: FRANK A. McNEILL SR.

14. MOTHER'S MAIDEN NAME: HARVEY, LOLA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Megalo-ureters (bilateral, congenital)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 757.3 / 157a

(b) with Chronic nephritis

(c) terminal uremia.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-, 1951 to 4-6-, 1951, that I last saw the deceased alive on 4-6-, 1951, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Howard L. Folson, MD — ADDRESS Cumberland Md — DATE SIGNED 4-7-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 9 1951 — NAME OF CEMETERY OR CREMATORY: Pikes Cemetery — LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: April 9, 1951 — REGISTRAR'S SIGNATURE: Vernier K. Kantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: E. S. Boal, Westernport, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3335

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelville; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Irvin (Middle) Lloyd (Last) Meyers

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8, 1892

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Wellersburg Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles A. Meyers

14. MOTHER'S MAIDEN NAME: Mary Sturtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. I.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Madeline R. Meyers, Barrelville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Stenosis — Interval Between Onset and Death: 5 years

410X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma — 5 years or more

92b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to March 20, 1951, that I last saw the deceased alive on March 20, 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William E. Mosley — ADDRESS: Mt Savage — DATE SIGNED: April 2-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 3, 1951 — NAME OF CEMETERY OR CREMATORY: Cook's Cemetery — LOCATION (City, town, or County) (State): Wellersburg, Pa.

DATE REC'D BY LOCAL REG.: April 3, 1951 — REGISTRAR'S SIGNATURE: Veronica McDermitt

24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland, Md.

650216

DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3336

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND
LENGTH OF STAY (in this place) 24 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY PRESTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ALBRIGHT
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) H. (Last) MILLER

4. DATE OF DEATH: (Month) APRIL (Day) 30 (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 3 1881
9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: MARSH MILLER
14. MOTHER'S MAIDEN NAME: AMANDA SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic nephritis with uremia

610X

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign hypertrophy prostate

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION: Cystostomy 4-20-51

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-, 1951 to 4-30-, 1951, that I last saw the deceased alive on 4-30 1951, and that death occurred at 12[55] p.m., from the causes and on the date stated above.

SIGNATURE: Howard L. Tolson MD (Degree or title) ADDRESS — DATE SIGNED 4-30-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 3 1951 — NAME OF CEMETERY OR CREMATORY: Willet Cem W Va — LOCATION (City, town, or county) (State): Brandonville W Va

DATE REC'D BY LOCAL REG.: May 3, 1951 — REGISTRAR'S SIGNATURE: Winter A. Frantz, M.D. — 24. FUNERAL DIRECTOR: E. G. Harned — ADDRESS: Brandonville W Va

100105

M

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VS. A15 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3337

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FLINTSTONE
STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print): (First) BABY Hilda (Middle) GIRL Kay (Last) MILLER
4. DATE OF DEATH: (Month) APRIL (Day) 12 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: APRIL 11, 1951
9. AGE last birthday: yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 15, Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis E. Miller
14. MOTHER'S MAIDEN NAME: Hilda L. McElfish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Degeneration 2 — 16 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Anoxia resulting from Mothers death 10 Minutes before delivery — 759.5 / 159
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity 36 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 April, 1951, to 12 April, 1951, that I last saw the deceased alive on 12 April, 1951, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leland A Ransom MD — 63 Greene St. Cumberland Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 14, 1951
NAME OF CEMETERY OR CREMATORY: Prosperity Cemetery
LOCATION (City, town, or county) (State): near Cheneysville Pa.

DATE REC'D BY LOCAL REG.: April 14, 1951
REGISTRAR'S SIGNATURE: Walter L. Beatty, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

2041113243 64

Within corporate limits DR. RANSOM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3338

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY ALLEGANY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND,
LENGTH OF STAY (in this place) 1 DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FLINTSTONE
STREET ADDRESS (If rural, give location) ROUTE # 1,

3. NAME OF DECEASED (Type or Print): (First) HILDA (Middle) L. (Last) MILLER

4. DATE OF DEATH: (Month) APRIL (Day) 11, (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUNE 16, 1916

9. AGE last birthday: 34 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GERNIE McELFISH

14. MOTHER'S MAIDEN NAME: ETTA ROLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL-CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of Aorta - Cardiac Tamponade	35 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic Aneurism	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8 months Pregnant, Post Mortem Cesarean Section

19a. DATE OF OPERATION: 11 April 51

19b. MAJOR FINDINGS OF OPERATION: 8 Months Normal Female Infant

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Feb, 1951, to 11 April, 1951, that I last saw the deceased alive on 11 April, 1951, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

SIGNATURE Leland R. Carson MD (Degree or title) ADDRESS DATE SIGNED 12 April 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 14, 1951
NAME OF CEMETERY OR CREMATORY: Prosperity Cemetery
LOCATION (City, town, or county) (State): near Chaneysville, Pa.

DATE REC'D BY LOCAL REG.: April 14, 1951
REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.
24. FUNERAL DIRECTOR: John J. Hafer, Cumberland, Md.
ADDRESS

649x 022x 30d

M

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits DR T. ROBINSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3339

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND — LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glade Farms
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sandra BABY GIRL (Middle) Kay (Last) MITCHELL

4. DATE OF DEATH: (Month) APRIL (Day) 13 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: APRIL 10, 1951

9. AGE last birthday: yrs. — If under 1 year: Months — Days 3 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): OAKLAND, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert P. MITCHELL

14. MOTHER'S MAIDEN NAME: AUDREY TEETS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) aspiration

(c)

762.5
161.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 19 51, to 4/13, 19 51, that I last saw the deceased alive on April 13, 19 51, and that death occurred at 1:46 P m., from the causes and on the date stated above.

SIGNATURE: Thomas Robinson — (Degree or title) M.D. — ADDRESS: 132 S. Liberty St. Cumberland, Md — DATE SIGNED: 4/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 15, 1951 — NAME OF CEMETERY OR CREMATORY: Shady Grove Cemetery — LOCATION (City, town, or county) (State): Brandonville, West Virginia

DATE REC'D BY LOCAL REG.: April 15, 1951 — REGISTRAR'S SIGNATURE: Winter K. Fantz, M.D. — 24. FUNERAL DIRECTOR: Carl Harned — ADDRESS: Brandonville, West Virginia

2-0-413129405

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3347

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 70 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 501 Magruder St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 501 Magruder St.

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Mullaney

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married

8. DATE OF BIRTH: July 15 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): President

10b. KIND OF BUSINESS OR INDUSTRY: Hotel Co

11. BIRTHPLACE (State or foreign country): Ft Savage Md

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Thomas Mullaney

14. MOTHER'S MAIDEN NAME: Mary Garrity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 207-10-1130

17. INFORMANT AND ADDRESS: Thos. Mullaney, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis-Generalized — Interval Between Onset and Death: Two Years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 450.0 97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 mo., 1946, to 4-27, 1951, that I last saw the deceased alive on 3-7-, 1951, and that death occurred at 430 P.m., from the causes and on the date stated above.

SIGNATURE James J. Johnson (Degree or title) M.D. ADDRESS Cumberland, Md. DATE SIGNED 4-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 4-25-51

NAME OF CEMETERY OR CREMATORY St Patricks Cem

LOCATION (City, town, or county) Ft Savage (State) Md.

DATE REC'D BY LOCAL REG. April 24, 1951

REGISTRAR'S SIGNATURE Wister R. Markey M.D.

24. FUNERAL DIRECTOR Louis Stein Inc ADDRESS Cumberland Md

290836

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3341

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 31 Delaware Ave

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) J. (Last) Niland

4. DATE OF DEATH (Month) 4/16/51 (Day) (Year) 19

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH II/22/1875

9. AGE last birthday 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Terra Alta, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dennis Niland

14. MOTHER'S MAIDEN NAME Ellen Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-4349

17. INFORMANT AND ADDRESS Mrs. Clara A. Niland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial failure	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis	10 mo
420.1 94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Prior, 1949, to Apr 16, 1951, that I last saw the deceased alive on Apr. 16, 1951, and that death occurred at 11 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arthur Jones M.D. 110 S. Centre St. Apr. 18, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4/20/51

NAME OF CEMETERY OR CREMATORY St. Patrick Cem.

LOCATION (City, town, or county) (State) Cumberland, Md.

DATE REC'D BY LOCAL REG. April 19, 1951

REGISTRAR'S SIGNATURE Wenster K. Frantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli Cumberland, Md. ADDRESS

344506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3342 Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In this place): 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Midland
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) (Last) O'Brien
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 19 51

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept 20, 1912
9. AGE last birthday: 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: John Campbell
14. MOTHER'S MAIDEN NAME: Cora Lancaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Bernard O'Brien Midland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of the liver — Interval Between Onset and Death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

156.1
46.1
B

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of liver, [redacted] — 3 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1951, to April 30, 1951 that I last saw the deceased alive on 4-30, 1951, and that death occurred at 11 20 p m., from the causes and on the date stated above.

SIGNATURE: A Wolferman (Degree or title) M.D. ADDRESS: Frostburg DATE SIGNED: 5-1-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 4, 1951
NAME OF CEMETERY OR CREMATORY: Belvedere Cemetery
LOCATION (City, town, or county) (State): Midland Md

DATE REC'D BY LOCAL REG. 5-3-51
REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe
24. FUNERAL DIRECTOR: M. Eichhorn
ADDRESS: Lonaconing Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Within corporate limits

DR. MATHEWS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3343

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND; LENGTH OF STAY (in this place) 10 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ALLEG.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. (ALGONQUIN HOTEL); STREET ADDRESS (If rural, give location) BALTIMORE STREET

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) A. (Last) PATTERSON

4. DATE OF DEATH: (Month) APRIL (Day) 10 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 4, 1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: AMOS ASH

14. MOTHER'S MAIDEN NAME: EMILY WILLISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Virus Pneumonia — Interval Between Onset and Death:

492X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

109

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31, 1951, to 4/10, 1951, that I last saw the deceased alive on 4/10, 1951, and that death occurred at 3:45 A.M. from the causes and on the date stated above.

SIGNATURE L. B. Mathews M.D. (Degree or title) ADDRESS 47 Greene St. DATE SIGNED 4/10/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 12, 1951	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 12, 1951	Walter K. Beatty, M.D.	John J. Hafer, Cumberland, Md.

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3344

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland Rural — LENGTH OF STAY (in this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. #3 Bowmans Addition

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland Rural
STREET ADDRESS (If rural, give location): Bowmans Addition R.F.D. #3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
McAlonie		Perrin	Apr	4	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Apr 19, 1870	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Lumberman	Own Saw Mill	Claneysville Pa	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Josiah Perrin	Rebecca Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		None	Mrs Virginia Collins Rt 3 Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary Sclerosis	3 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	3 yrs
(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr 1, 1951, to Apr. 4, 1951, that I last saw the deceased alive on Apr. 4, 1951, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas E Lumm	M.D.	Cumberland —	4/7/51

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 7, 1951	Mt Zion Christian Cem.	Claneysville	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 7, 1951	Walter K. Mantz, M.D.	John J. Hafer	Cumberland Md

970 307

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3345

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 47 yrs	STREET ADDRESS (If rural, give location): 105 Offutt St.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 105 Offutt St	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Graham	Edwin	Poole	April	3	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	Feb 28-1904	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith helper	B&O.R.Ry	Cumberland, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Poole	Florence Trout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	705-07-9635	Ruth Poole (wife) 105 Offutt St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.		Cumberland, Md.	April 3-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 5, 1951	Hillcrest Burial Park	Cumberland,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 4, 1951	Winter R. Hanby, M.D.	John J. Hofer, Cumberland, Md.	

501506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3346

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Miller's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart
STREET ADDRESS (If rural, give location) Box 38

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Edgar	Porter	4	8	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	7-29-1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Compounder	Rubber Co	Eckhart, Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles W. Porter	Margaret Beal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	214-07-0160	Mrs Dora White, 1415 Arch St, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho Pneumonia	2 Days
540.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 117a	(b) Laparatomy - Pyloric ulcer	5 Days
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr 3 1951	Chronic ulcer of Pylorus	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mar 20, 1951, to Apr 8, 1951, that I last saw the deceased alive on Apr 7, 1951, and that death occurred at 2:46 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W.O. McLane	MD	Frostburg Md	Apr 9 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-11-51	Eckhart Cemetery	Eckhart,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-10-51	Mrs. Nancy A. Roe	Jacob Hafer,	Frostburg, Md.

690478

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

3347

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 3½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eckhart
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) (Last) REPHANN

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-11-1890

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker

10b. KIND OF BUSINESS OR INDUSTRY: K-S Tire Plant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Rephann

14. MOTHER'S MAIDEN NAME: Annie Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 214-07-0844

17. INFORMANT AND ADDRESS: Victor Rephann, Eckhart, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Mar 30, 1951

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1951, to Apr 3, 1951, that I last saw the deceased alive on Apr 3, 1951, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE: W O McLane (Degree or title) MD — ADDRESS: Frostburg Md — DATE SIGNED: 4-4-51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE: 4-6-1951 — NAME OF CEMETERY OR CREMATORY: Eckhart Cemetery — LOCATION (City, town, or county) (State): Eckhart, Md.

DATE REC'D BY LOCAL REG. 4-5-51 — REGISTRAR'S SIGNATURE: Mrs Nancy N Roe

24. FUNERAL DIRECTOR — ADDRESS: J. R. Durst, Frostburg, Md.

970478

Richard

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3348

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 45yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS I09 Humbird St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) I09 Humbird St.

3. NAME OF DECEASED (Type or Print): (First) Joseph Howard (Middle) Richard (Last)

4. DATE OF DEATH: (Month) (Day) (Year) 4/17/51 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/12/1887

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Car Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Woodstock, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. F. Richard

14. MOTHER'S MAIDEN NAME: Fannie Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-8546

17. INFORMANT AND ADDRESS: Mrs Dora J Richard I09 Humbird St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinomatosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lymphatic - Sarcoma	14 mos
	(c)	

200.1
55e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1950, to Apr. 17, 1951, that I last saw the deceased alive on Apr. 16, 1951, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas R. Jones M.D. Cumberland 4/18/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/20/51 | NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park | LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: April 19, 1951 | REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS: James F. Scarpelli Cumberland

533506

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 334

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland — LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1711 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 1711 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) LEONA (Middle) NORA (Last) RUBY

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: May 30, 1892

9. AGE last birthday: 58 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Romney, W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Taylor Fultz

14. MOTHER'S MAIDEN NAME: Elizabeth Shanholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. V.R.Mellon, Keyser, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma — Interval between onset and death: 6 Mos

170X Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Adeno carcinoma breast — 2½ yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1948

19b. MAJOR FINDINGS OF OPERATION: Adeno carcinoma of breast

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

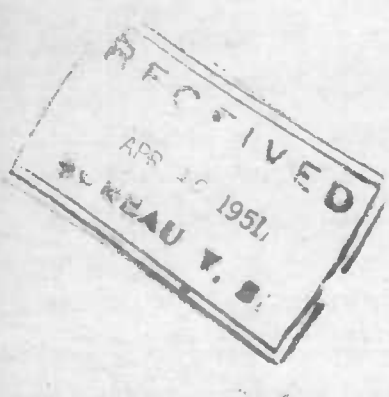
22. I hereby certify that I attended the deceased from Feb. 5, 1951, to April 4, 1951, that I last saw the deceased alive on Mar. 30, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE: Arthur F. Jones — (Degree or title): M. D. — ADDRESS: 110 S. Centre St. — DATE SIGNED: Apr. 5, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4/6/1951 — NAME OF CEMETERY OR CREMATORY: Seven Dolors Cemetery — LOCATION (City, town, or county) (State): Beans Cove, Pa.

DATE REC'D BY LOCAL REG.: April 6, 1951 — REGISTRAR'S SIGNATURE: Wortley K. Brantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.


RECEIVED
APR 1951
BUREAU

Within corporate limits

Dr Farrell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3350

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 317 Franklin St.	STREET ADDRESS (If rural, give location): 317 Franklin St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Naomi	Elizabeth	Russell		Apr	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	May 1, 1901	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Clymer Pa	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Sturtz	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-14-6893	George Russell - Cumberland Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Rectum	2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

154X
46d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
July 1950	Carcinoma Rectum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr. 1, 1951, to Apr. 5, 1951, that I last saw the deceased alive on Apr. 1, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay F. Farrell	M. D.	Cumberland	4/7/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	State
Burial	Apr. 8, 1951	Hillcrest Cemetery	Cumberland	Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 7, 1951	Wirtz K. Lantz, M.D.	John J. Hafer	Cumberland Md.

Dr. Lamott.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3351

Reg. Dist. No. 1

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Old Town
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Uhl Highway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Old Town
STREET ADDRESS (If rural, give location) Uhl Highway

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Hyder (Last) Shrout

4. DATE OF DEATH: (Month) Apr. (Day) 13, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 9, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Koppers tie Plant R.R.

11. BIRTHPLACE (State or foreign country): Moorefield, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Hyder Shrout

14. MOTHER'S MAIDEN NAME: Mary Tighner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 232-10-5554

17. INFORMANT AND ADDRESS: Mrs. Sadie Shrout Old Town, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	3 yrs
	(c)	

420.1
934

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Apr. 13, 1951, that I last saw the deceased alive on Feb. 10, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Clay E. Lamott M.D. Cumberland 4/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-16-1951 | NAME OF CEMETERY OR CREMATORY: Old Town Cemetery | LOCATION (City, town, or county) (State): Old Town, Md.

DATE REC'D BY LOCAL REG.: April 14, 1951 | REGISTRAR'S SIGNATURE: Mrs. Sue C. Linaweaver | 24. FUNERAL DIRECTOR: Charles L. George | ADDRESS: Cumberland, Md.

950 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3352

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Edward (Last) Smith

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal-Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Mines

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S Smith

14. MOTHER'S MAIDEN NAME: Nancy Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs John E. Smith, Barton , Maryla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage, 2nd attack — I4dys

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
331X
131a
(b) Arterio Sclerosis, — I5 yrs
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio R nal Disease, — 5yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1st, 1951, to Apr 18, 1951, that I last saw the deceased alive on Apr 18th, 1951, and that death occurred at 5pm m., from the causes and on the date stated above.

SIGNATURE James A. Shoemaker M.D. (Degree or title) ADDRESS Frederick Md. DATE SIGNED 4/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 21, 1951
NAME OF CEMETERY OR CREMATORY: Philos Cem.
LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: April 21, 1951
REGISTRAR'S SIGNATURE: Mrs Jon C. Kelly

24. FUNERAL DIRECTOR ADDRESS: E.S. Boal 111 Church St. Westernprot, Md.

440 216

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3353

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport | LENGTH OF STAY (in this place): 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spruce Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): Spruce Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Ternent

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED OR DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 7, 1863

9. AGE last birthday: 88 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thronton Crowe

14. MOTHER'S MAIDEN NAME: Mahalie Rohn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs William Crowe — Lonaconing, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular Renal Disease — Interval Between Onset and Death: 1 yr.

442X Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Apr. 21, 1951, that I last saw the deceased alive on Apr. 21, 1951, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE: F.E. Berry — (Degree or title): M.D. — ADDRESS: Piedmont W-Va — DATE SIGNED: 4/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: April 24, 1951 | NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery | LOCATION (City, town, or county) (State): Lonaconing Md.

DATE REC'D BY LOCAL REG.: April 24, 1951 | REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR: M. Eichhorn — ADDRESS: Lonaconing, Md

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3354

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN McCoole, Md.
STREET ADDRESS (If rural, give location) 160 Queen St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	M.	Tharpe	4-20-51 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	6-6-75	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Roadmaster Helper, Track	Steam Railroad - B. & O. R.R. Co.	Mineral County, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Tharpe	Susan Ruckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mrs. Harry C. Cain, McCoole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Myocardial Failure	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	5 yrs
(c)		

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 14, 1949, to Apr. 20, 1951, that I last saw the deceased alive on Apr. 19, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones M.D.	110 S. Centre St.	Apr. 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 22 1951	Queen's Point Cemetery	Keyser, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 20, 1951	Walter K. Frantz, M.D.	J. N. Markwood and Son	Keyser, W. Va.

640506

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Patten

3355

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 -1

M

I

1. PLACE OF DEATH: COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 136 Bowery St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 136 Bowery St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MORGAN (Last) THOMAS

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: about 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal mines

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas

14. MOTHER'S MAIDEN NAME: Ann Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 213-09-6615A

17. INFORMANT AND ADDRESS: Nellie Thomas, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation — Interval Between Onset and Death: 7 days

4442 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

1310 (b) Bronchial Asthma — 10 yrs

(c) C-V.R disease with edema — 3 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1951, to April, 1951, that I last saw the deceased alive on April 6, 1951, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE: H.C. Patten (Degree or title): M.D. ADDRESS: Frostburg DATE SIGNED: 4/7/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-9-1951 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 4-9-51 — REGISTRAR'S SIGNATURE: Mrs. Nancy H. Roe

24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. ADDRESS:

650216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3356

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: Allegany
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 29 Ridgeway Terrace

3. NAME OF DECEASED (Type or Print): (First) Cornelia (Middle) (Last) Thompson

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: April 5, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Morgan Co., W. Va.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sampson Lanehart

14. MOTHER'S MAIDEN NAME: Mary Susan Hammer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ward Thompson, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Myocardial failure — Interval Between Onset and Death: 6 days

9da Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — 5 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 1951, to Apr. 22, 1951, that I last saw the deceased alive on Apr. 21, 1951, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: Arthur F. Jones — (Degree or title) M.D. — ADDRESS: 110 S. Centre St. — DATE SIGNED: Apr. 23, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/25/51 — NAME OF CEMETERY OR CREMATORY: Greenway Cemetery — LOCATION (City, town, or county) (State): Berkely Springs, W. Va.

DATE REC'D BY LOCAL REG.: Apr 25, 1951 — REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Light Cumberland Md

Within corporate limits

3357

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: W. Va. — COUNTY: Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeley
STREET ADDRESS (If rural, give location): Central Ave.,

3. NAME OF DECEASED (Type or Print): (First) WILBUR (Middle) FORD (Last) TROUTMAN

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 11, 1891

9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Ft. Ashby, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Shannon Troutman

14. MOTHER'S MAIDEN NAME: Mary C. Skelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: 214-07-6553

17. INFORMANT AND ADDRESS: Stanley E. Troutman Ft. Ashby, W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular fibrillation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to duodenal ulcer

570.5
1178

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/15/51

19b. MAJOR FINDINGS OF OPERATION: duodenal ulcer

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1951, to 4/15, 1951, that I last saw the deceased alive on 4/15, 1951, and that death occurred at 2:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth Arrys, M.D. 55 Greene St. 4/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 18/51 — NAME OF CEMETERY OR CREMATORY: Ft. Ashby Cem. — LOCATION (City, town, or county) (State): Ft. Ashby, W. Va.

DATE REC'D BY LOCAL REG.: April 18, 1951 — REGISTRAR'S SIGNATURE: Walter R. Bantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

544 466

Within corporate limits

DR. FAW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3358

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND, MD. — LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL CUMBERLAND, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FRIENDSVILLE, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) A (Last) UPHOLD

4. DATE OF DEATH: (Month) APRIL (Day) 1 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-5 1875

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: KELLEY, ALFRED

14. MOTHER'S MAIDEN NAME: MC CABE, ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolism	Immediate
5703 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 122b	(b) Intestinal Obstruction - Volvulus with mesenteric thrombosis	March 15, 1951
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 22, 1951

19b. MAJOR FINDINGS OF OPERATION: Volvulus small intestine with obstruction & mesenteric thrombosis

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 21, 1951, to April 1, 1951, that I last saw the deceased alive on April 1, 1951, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wylie M. Faw Jr.	M.D	Cumberland Md.	April 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/4/51	Friendsville	Friendsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 1, 1951	Walter L. Hartz, M.D.	Herbert C. Leighton	Oakland Md.

Dr Weisman

Within corporate limits

3359

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1454

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 3, Cumberland, Md. Rural
STREET ADDRESS (If rural, give location): R. F. D. #3, Bowmans Addn.

3. NAME OF DECEASED (Type or Print): (First) LURANZY (Middle) W. (Last) WALKER

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 24, 1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Various

11. BIRTHPLACE (State or foreign country): Williamsport, W. Va.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Geo. W. Walker

14. MOTHER'S MAIDEN NAME: Susan Lee Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: G. W. Walker, Rt.3, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cardiac Failure — Interval Between Onset and Death: 2 days

420.1 94a Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): Myocardial Infarction — 8 weeks
(c): Arteriosclerosis Coronary Artery — Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 9, 1951, to April 6, 1951, that I last saw the deceased alive on April 5, 1951, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold Weisman M.D. — ADDRESS: 59 Greene St — DATE SIGNED: April 7, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4/8/1951 — NAME OF CEMETERY OR CREMATORY: Ebeneezer Cemetery — LOCATION (City, town, or county) (State): Romney, W. Va.

DATE REC'D BY LOCAL REG.: April 8, 1951 — REGISTRAR'S SIGNATURE: Winter K. Kantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: William H. Kight, Cumberland, Md.

770 VW

DR. GRACIE

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

3360

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY ALLEGANY; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 43 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 309 RACE STREET

3. NAME OF DECEASED (Type or Print): (First) ETHEL (Middle) May (Last) WATSON
4. DATE OF DEATH: (Month) APRIL (Day) 18 (Year) 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 10, 1888
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Altoona, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID SWANGER
14. MOTHER'S MAIDEN NAME: JENNIE ~~EMEICK~~ EMEIGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

1951 55e

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pelvic Carcinoma

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1951 to April 18, 1951, that I last saw the deceased alive on April 18 1951 and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. A. Gracie MD Cumberland, Md April 18-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 21, 1951
NAME OF CEMETERY OR CREMATORY: Hillcrest Burial Park
LOCATION (City, town, or county) (State): Cumberland, Md

DATE REC'D BY LOCAL REG.: April 20, 1951
REGISTRAR'S SIGNATURE: Wentz K. Hartz, M.D.
24. FUNERAL DIRECTOR ADDRESS: John J. Hafer, Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3361

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Lonaconing
LENGTH OF STAY (In this place): 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Knapps Meadows

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Lonaconing
STREET ADDRESS (If rural, give location): Knapps Meadows

3. NAME OF DECEASED (Type or Print): (First) Charles Edward (Middle) (Last) Weber

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 14-1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired coal miner

10b. KIND OF BUSINESS OR INDUSTRY: mining coal

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Weber

14. MOTHER'S MAIDEN NAME: Gertrude Gliteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-10-1435

17. INFORMANT AND ADDRESS: wife) Sarah Weber

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intracranial hemorrhage due to a self inflicted	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 12 gauge Winchester pump gun wound in	(at once)
976X 164c	(c) right side of head.	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: home
(CITY OR TOWN): Knapps Meadows near Lonaconing (COUNTY): Allegany (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: April-20/51 10.15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐ *
HOW DID INJURY OCCUR? Despondent- see cause of death.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V.Deming M.D. H. V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: April 20-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 23-51
NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
LOCATION (City, town, or county) (State): Lonaconing, Md

DATE REC'D BY LOCAL REG.: April 21-51
REGISTRAR'S SIGNATURE: Jannette M Good
24. FUNERAL DIRECTOR: M. Eichhorn ADDRESS: Lonaconing, Md

650216

Item 3: Dr.Wilson's statement filmed 4-23-51 G132 L

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3362

CERTIFICATE OF DEATH

Reg. Dist. No. 6

FILM No. G 132 APR 12 1951

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Franklin

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Franklin
STREET ADDRESS Franklin (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) ELIZABETH ~~LIZZIE WHISNER~~ (Last) WHISNER

4. DATE OF DEATH: (Month) APRIL (Day) 3, (Year) 1951

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 21, 1894

9. AGE last birthday: 56 ~~58~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own-Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Smiley

14. MOTHER'S MAIDEN NAME: Maggie Barnard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Howard Whisner---Franklin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Liver with General Metastasis.	18 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

155K 46 8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 10, 1950

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of liver and abdominal Viscera

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — — — — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Apr. 3, 1951, that I last saw the deceased alive on Apr. 1, 1951, and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) M.D. — ADDRESS: Piedmont, W.Va. — DATE SIGNED: Apr. 5, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 6, 1951 — NAME OF CEMETERY OR CREMATORY: Philos Cemetery — LOCATION (City, town, or county) (State): Westernport, Maryland

DATE REC'D BY LOCAL REG.: April 6, 1951 — REGISTRAR'S SIGNATURE: Mrs Jean C. Kelly

24. FUNERAL DIRECTOR — ADDRESS: E.S. Boal -- 111 Church St. Westernport, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

3363

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rear 123 Roberts St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): Rear-123 Roberts St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F. (Last) Whitacre
4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 10-1886
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Janitor
11. BIRTHPLACE (State or foreign country): Greenspring W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Whitacre
14. MOTHER'S MAIDEN NAME: Jennie See

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 705-10-5917
17. INFORMANT AND ADDRESS: Knova Twigg 123 Roberts St.City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

492X
Immediate cause (a) Acute cardiac Failure due to

109
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last (b) Virus pneumonia — 6 weeks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland Md. April 24-1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial April 27, 1951 Mt. Savage Cemetery Near Ft. Ashby, W. Va.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

April 25, 1951 Walter K. Kantz, M.D. James L. Scarpelli, Cumberland, Md.

770 VV

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3364

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Laing Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 21 Laing Ave.

3. NAME OF DECEASED (Type or Print): (First) Beverly (Middle) Ilene (Last) White

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Feb. 17-1951

9. AGE last birthday: yrs. | If under 1 year: Months 1, Days 28 | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roland Troutman

14. MOTHER'S MAIDEN NAME: Joanene Mae White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Zelda White 13 Laing Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia, due to accidental smothering	about 5
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) by mother rolling against baby while asleep	min.
	(c)	

924.0
182

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: April-15/51 8.45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Same as cause of death.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): H.V. Deming M.D. H.V. Deming M.D. ADDRESS: Cumberland, Md. DATE SIGNED: April 16-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/17/51 | NAME OF CEMETERY OR CREMATORY: Abe Cemetery | LOCATION (City, town, or county) (State): Near Ridgeley, W.Va.

DATE RECD BY LOCAL REG.: April 17, 1951 | REGISTRAR'S SIGNATURE: Walter K. Hantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: John J. Hafer - Cumberland, Md

202.11 17136 4

MARYLAND STATE DEPARTMENT OF HEALTH

3365

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Midlothian; LENGTH OF STAY (in this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS: In auto, in route to the Miners Hospital, Frostburg Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Midlothian; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) Jewell (Last) Willetts

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: July 28-1948

9. AGE last birthday: 2 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Pittsburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Willetts

14. MOTHER'S MAIDEN NAME: Nellie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Frank Willetts (father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intracranial hemorrhage due to a basal	about
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) fracture of the skull.	10 min.
	(c)	

812.5
170c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY* ☐ OR CONTRIBUTING* ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Drive way near home (CITY OR TOWN) Midlothian (COUNTY) Allegany (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) April 28/51 P. m. | INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Sat on Kiddy car in front of auto. driver started auto did not see her, and ran over her.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry* ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident* ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.		Cumberland, Md.	April 28-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-1-51	F'bg. Memorial Park	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-1-51	Mrs. Nancy N. Roe	J. R. Durst,	Frostburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3366

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 421 Balto Ave

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Isabel (Last) Wilson

4. DATE OF DEATH: (Month) Apr (Day) 12 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 28 1882

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Middletown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Wiedbrenner

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Paul Robertson, Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs
561.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile osteoarthritis	5 yrs
93d	(c) Abdominal Hernia (Rt side)	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 7, 1951, to April 12, 1951, that I last saw the deceased alive on April 11, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. W. Trewaski, Jr. M.D. — ADDRESS: Cumberland, Md — DATE SIGNED: 4/14/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 14, 1951 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park — LOCATION (City, town, or county) (State): Frostburg Md.

DATE REC'D BY LOCAL REG.: April 14, 1951 — REGISTRAR'S SIGNATURE: Miles R. Long, M.D. — 24. FUNERAL DIRECTOR: John J. Hofer — ADDRESS: Cumberland Md

Within corporate limits

Dr. Johnson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3367

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 20 W. First St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Howard	Andrew	Windeknecht	April	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	Jan. 14, 1903	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill Room Employee
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Tire Co.
11. BIRTHPLACE (State or foreign country): Farrell, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew H. Windeknecht
14. MOTHER'S MAIDEN NAME: Rose — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-2515
17. INFORMANT AND ADDRESS: Mrs. Elizabeth Windeknecht, 20 W. First St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Intestinal Obstruction	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured Gangrenous Appendix with Peritonitis and adhesions	1926
	(c)	

570.5
121

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-26-51	Intestinal adhesions with obstruction of ileum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-26, 1951, to 4-27 1951, that I last saw the deceased alive on 4-26, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. Johnson	M.D.	Cumberland Md	4-27-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 30, 1951	Oliver Grove Cemetery	Allegany Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30, 1951	Walter R. Frantz, M.D.	John J. Hafer, Cumberland, Md.	

690—478

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

3368

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mc Coole — LENGTH OF STAY (in this place): 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 113 West St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mc Coole
STREET ADDRESS (If rural, give location): 113 West St.

3. NAME OF DECEASED (Type or Print): (First) Erma (Middle) King (Last) Wright
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jan. 13-1911
9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Keyser W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: George W. King
14. MOTHER'S MAIDEN NAME: Lillian Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: John H Wright (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 30 min.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: naturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland, Md. April 24-1951

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: APR 26 1951 | NAME OF CEMETERY OR CREMATORY: Queens Point | LOCATION (City, town, or county) (State): Keyser, W.Va

DATE REC'D BY LOCAL REG.: April 25, 1951 | REGISTRAR'S SIGNATURE: Mrs Jon C. Kelly

24. FUNERAL DIRECTOR ADDRESS: J.H.Hankwood Sons, Keyser, W.Va. by ~~H~~ B. H. Hankwood